

*The New York State Interdepartmental Health Resources Board enables State agencies concerned with physical and mental health to achieve concerted action.*

# An Interdepartmental Approach to Health

I. JAY BRIGHTMAN, M.D.

SEVERAL UNITS of government are concerned with health and medical care. Departments of health, as well as mental health agencies and hospitals that are organized as separate government units, are primarily responsible. Departments devoted to social welfare, education, correction, and labor (including workmen's compensation) also have as a secondary function a share in health matters.

Very often the health functions of these departments are closely related or identical, the difference being limited to the population groups served by the specific agencies, the nature of the health matters coming under their jurisdictions, and the professional disciplines available to them. Cooperation among the departments and coordination of their efforts are necessary if unbalanced or conflicting approaches are to be avoided and effective programming achieved.

The New York State Interdepartmental Health Resources Board was established by an act of the 1956 State legislature to permit joint planning, coordination, and program development of physical and mental health matters that concern two or more State departments or agencies.

In an editorial comment on the development of the board, Dr. Herman E. Hilleboe, New York State's commissioner of health, stated:

---

*Dr. Brightman is executive director of the New York State Interdepartmental Health Resources Board, Albany, N. Y.*

"In an era when it would appear that governmental agencies are ever expanding, it is heartening to note the establishment of the Interdepartmental Health Resources Board which actually replaces two former health units of New York State government. The establishment of this board is a step forward in efficiency and economy in government affairs in the field of human resources" (1).

The replaced health units to which Dr. Hilleboe referred were the Interdepartmental Health Council and the Mental Health Commission. The council, organized in 1947 on a directive from the Governor, included the commissioners of health, education, social welfare, and mental hygiene, and a member of the State legislature. The council met monthly to study problems in public health of interest to the several departments in order to determine the extent to which the State programs were meeting their objectives, and to make recommendations accordingly. It performed a useful service in the exchange of information and ideas on departmental activities in various health fields and in conducting special studies through interdepartmental committees. Since the council was not established by a legislative act as an executive agency, however, it had no official status. It received no funds of its own and could neither employ a full-time staff nor contract with outside agencies for special projects. Its limited staff work was carried out by the executive director of another State agency, the Joint Hospital Survey and Planning Commis-

sion, who generously and effectively contributed whatever time he could spare from his very busy schedule.

The Mental Health Commission was formed by a legislative act in 1949 and included as members the commissioners on the Interdepartmental Health Council, plus the commissioner of correction. The commission had a full-time staff of administrators and research workers, and it was able to develop several major research projects in the field of mental illness and mental retardation. It also developed the basic groundwork upon which the New York State community mental health services program was established in 1954.

It was the unanimous decision of all commissioners concerned that interdepartmental work in both physical and mental health could be more effectively implemented and developed through a single, organized State agency. Their recommendations to this effect were accepted by the Governor and the necessary legislation was passed to establish the Interdepartmental Health Resources Board on April 1, 1956, for a period of 4 years.

### Organization

The membership of the Interdepartmental Health Resources Board includes the commissioners of health, mental hygiene, education, social welfare, labor, and correction, the chairman of the Division of Parole and of the Workmen's Compensation Board, and the executive director of the Joint Hospital Survey and Planning Commission.

A chairman is elected annually by a vote of the members, with no member serving in this capacity for more than 1 year at a time. The commissioner of mental hygiene, Dr. Paul H. Hoch, served as chairman during the first year. He was succeeded by the commissioner of social welfare, Raymond W. Houston.

The board is responsible to the Governor and the State legislature and must submit to them an annual report of its activities and such recommendations as it may deem appropriate.

The legislation empowered the board to employ an executive director with the responsibility of carrying out its administrative duties in accordance with its established policies,

rules, and principles. After considering the responsibilities of the executive director, the board decided during its early meetings that the position could best be filled by a physician with training in public health and with considerable administrative experience. At the present time, the executive director is assisted by a staff consisting of a nonmedical assistant director trained in public health administration, a biostatistician, a secretary, a stenographer, a typist, and an account clerk. In addition, the board is authorized to request assistance from any member, department, or agency that will enable the board to carry out its activities properly.

### Determination of Assignments

The general objectives of the Interdepartmental Health Resources Board are (a) to provide for joint planning and program development in health matters of interdepartmental concern, and (b) to formulate and execute research studies and demonstration programs that will provide the board and member agencies with information and guidance for long-term planning.

Specific projects may come under the board's jurisdiction through several channels which may be classified as follows:

1. Functions specifically designated by the 1956 legislative act which established the board. This act outlined projects which might be undertaken in health services for the aging, rehabilitation, mental retardation, services for emotionally disturbed children, and alcoholism.

2. Functions specifically assigned the board by other legislation. For example, an act passed by the 1956 session of the State legislature gave the board, as successor of the Mental Health Commission, responsibility for establishing pilot centers for diagnosing mental retardation in children and counseling parents.

3. Functions assigned by special budgetary appropriations to the board. In the 1956 State budget, the establishment of a pilot facility for adults addicted to narcotics was delegated to the board when the latter became functional.

4. Special studies requested from the Gov-

ernor's office. In 1957, there was considerable pressure upon the State legislature and the Governor's office to license chiropractors in New York State. The Governor's office, aware that several State departments would be affected by such legislation, requested the board to study the matter. In another instance, after the Governor's conference on financing health costs for the aging in December 1956, the recommendations made by the three sections of the conference were referred to the board by the Governor's special assistant on problems of the aging for analysis and recommendations.

5. Special projects accepted by the board after its consideration of suggestions referred by outside agencies, such as the request of the State medical society for a study of the standards for orthoptic technicians working under the supervision of ophthalmologists.

6. Special projects accepted by the board upon consideration of recommendations made by one of its members, by its executive director, or by one of its advisory committees. For example, the commissioner of education, a member of the board, requested that the board undertake a study of the problem of "baby nurses," a term used for women who have taken courses in maternity and infant care at unlicensed schools. Although possible violations of the Nurse Practice Act were involved, the problem was referred to the board on the basis that it was of equal concern to the departments of health, social welfare, and education.

In planning its work, the board believes that its activities in joint planning and program development should continue as long as such activities are considered by the board members to be productive and beneficial. However, in accord with the philosophy underlying the board's establishment, research and demonstration projects must either be self-limited or be transferable to an appropriate permanent State administrative agency at a feasible time. The board is not to engage in long-term operating activities on any one particular program.

### Methods of Operation

The functions of the board are carried out through one or more of the following methods:

*By direct operations of the board's staff.* Obviously the small size of the board's staff, with 4 of the 7 persons in nonprofessional grades, would curtail the board's activities if the staff was its only outlet for operations. The staff is the board's working arm and is responsible for initiating all of its functions. However, a considerable part of its work is done through the arrangements described in the remaining paragraphs of this section.

*Through the operations of special board committees.* For each major function undertaken by the board, there is a board committee whose individual members are experts from various disciplines and are appointed by the commissioners concerned with the problem at hand. The committees meet regularly with the executive director, assist in planning and developing projects, and put at the disposal of the director and board the required facilities and services of their respective departments.

*Through advisory committees in special fields.* The advisory committees meet about four times yearly and consist of experts in their respective fields, not associated with government. Their responsibility is to recommend new areas for exploration and to explain the board's functions and projects to appropriate professional groups and to the public.

*By contracts with universities, medical schools, or hospitals.* These agree to undertake special studies with financial assistance obtained by the board. In this way, the board has been able to carry out several major research projects on mental retardation and mental illness among children and on chronic alcoholism.

*By joint studies with professional associations and voluntary health agencies.* For example, the board is cooperating with the Hospital Association of New York State in a study of admission of chronic alcoholics to hospitals. The study of orthoptic technicians, referred to above, was a joint undertaking with the New York State Medical Society.

### Examples of Activities

From the beginning, it was evident that one important aspect of the board's operations applies to all activities and is requisite to the

board's proper functioning in joint studies, planning, and program development. The board obviously offers an organized means of exchanging information among the member agencies on their specific health problems, on their individual philosophies and policies, and on the development of new programs which may be related to, and may serve or be served by, the operations in other agencies.

This function applies equally to the regular board meetings attended by the commissioners and agency directors and to the meetings of the special interdepartmental committees.

The major activities of the board encompass the fields of rehabilitation, aging, mental retardation, emotional disturbances in children, and alcoholism.

### *Rehabilitation*

The committee advises the Joint Hospital Survey and Planning Commission on the construction of rehabilitation facilities.

Projects developed by the division of vocational rehabilitation of the State education department are considered by the committee in relation to the needs and resources of the projects.

The committee is offering technical guidance to the rehabilitation survey of the workmen's compensation program.

A subcommittee served on a joint advisory committee for the northern New York rural rehabilitation survey which was completed during the summer of 1957. This was a joint effort of the Saranac Lake Rehabilitation Guild, the State University College of Medicine at Syracuse, and the New York State Department of Health. Because of the project's interdepartmental nature, the commissioner of health requested the committee on rehabilitation of the former Interdepartmental Health Council to represent it on the advisory committee. This function was carried over when the board was established.

The purpose of this survey was to identify disabled persons in the northern New York rural area, to determine their needs in relation to vocational goals or increased self-sufficiency, and to determine the necessary facilities and personnel required to meet these needs. The subcommittee representing the State in this

project included the assistant commissioner for vocational rehabilitation and the director of the division of vocational rehabilitation of the State education department, the assistant commissioner for medical services of the State department of health, the executive director of the Joint Hospital Survey and Planning Commission, and the executive director of the Interdepartmental Health Resources Board.

The committee is currently engaged in a study of job vacancies in rehabilitation, including physical, occupational, and speech therapy, clinical psychology, rehabilitation counseling, and medical and psychiatric social work. In this connection, it is working with the New York State Department of Civil Service and is attempting to define the factors which make it possible to fill some positions while other positions remain vacant. The committee offers a booklet on scholarships available to residents of New York State in rehabilitation work. This booklet has been distributed to rehabilitation facilities, medical schools, hospitals, and voluntary agencies throughout the State.

Recognizing a lack of knowledge and understanding of the services for epileptics in New York State, the committee published a statement in the *New York State Journal of Medicine* outlining the services available in vocational rehabilitation, selective placement, health, and mental hygiene, and put reprints at the disposal of rehabilitation medical facilities throughout the State.

The committee is analyzing the objective of sheltered workshops operating in New York State as well as the extent to which such objectives are being met, the cost of operation, and the methods employed. The committee is also seeking to determine what will be needed to expand this important service.

Realizing that a large number of disabled persons are not receiving services, the committee is studying the extent of State rehabilitation services and the possibility of their expansion.

At the request of the commissioner of correction, the committee is examining disabilities in State correctional institutions, with Attica Prison and Elmira Reformatory serving as pilot studies. The purposes are to determine the extent to which disabled inmates require

rehabilitation services and to develop a mechanism whereby such services may be received.

Also under study is the care of young adults who have no potentialities for further rehabilitation, who are unable to provide care for themselves, and who cannot be suitably placed in infirmaries or nursing homes because of the predominantly elderly population of these institutions.

### *Aging*

The legislative act on aging which founded the Interdepartmental Health Resources Board requested it to develop and formulate "a master plan for establishing responsibility for planning, financing, administering, and coordinating the total array of personal health and mental health services to the elderly." Based on its review of reference materials, plus its evaluation of the current State and local programs, the board's Committee on Health Services for the Aging analyzed (a) the specific mental and physical health needs of the aged, (b) the resources available in the State to meet these needs, (c) the deficiencies in meeting these needs, and (d) recommendations for overcoming the deficiencies.

The board drew this material together as a planning guide for the executive office and the State legislature.

### *Retarded and Disturbed Children*

The board has established three pilot clinics to provide diagnostic services for mentally retarded children and counseling for their parents. It is also studying these clinics and similar facilities to determine their role in meeting community needs. In addition, several research projects have been completed or are underway on such matters as the adjustment of the severely retarded adult in the community, the preinstitutional workup of the mentally retarded person entering State schools, and the psychological and social development of children in classes for the severely mentally retarded.

A major study is being completed on characteristics of emotionally disturbed children referred to residential treatment centers. A similar study is underway on children referred to day-care centers.

### *Alcoholism*

The board supports a major research center on alcoholism at the State University College of Medicine in Brooklyn. It expects that the findings here may be used in clinics throughout the State. In addition, the board has established a training program for persons in various disciplines who are engaged in or plan to engage in community control of alcoholism. For the development of clinics at the community level, the board is working closely with the division of community mental health services of the department of mental hygiene. At present, the board's Advisory Committee on Alcoholism is studying the State program in order to develop a more comprehensive approach.

### **Discussion**

With its year and a half of operating experience, the New York State Interdepartmental Health Resources Board has effectively achieved interdepartmental cooperation, planning, and program development. With a full-time staff and the authority bestowed upon it by the State legislature, the board has made a positive approach to complex health problems involving several State departments and often many other agencies, and has formulated recommendations based on the accumulation of pertinent information and the exercise of sound deliberations.

The board's monthly meetings have permitted the functioning of its staff and of the committees and agencies working with that staff to be reviewed, and have resulted in a stimulating exchange of opinions on matters of joint and mutual concern. Matters of particular urgency may be taken up at any time through special meetings of an executive committee consisting of the commissioners of education, health, mental hygiene, and social welfare. Of particular importance, for example, may be legislative proposals concerning two or more departments. A comprehensive understanding, gained through discussion of the effect that the proposed legislation may have upon all the State's health programs, may lead to concerted action. This is in contrast to a multiplicity of conflicting approaches which

might otherwise result when departments make individual studies and take separate actions.

Obviously a pattern for interdepartmental cooperation among State agencies must be designed to meet the needs of a particular State, depending upon its laws, traditions, and resources. Several States have developed interdepartmental planning committees, of short or long duration, to tackle specific problems. Others have informal mechanisms for general exchange of information among departments. However, New York State's formal agency, with its own staff to work for regular interdepartmental cooperation and joint planning, would seem worthy of trial in other States.

The same would appear to be true of large cities or regional areas. In 1952, New York City, upon authority of the mayor's order, established an interdepartmental health council patterned after the State council then in existence and consisting of the city commissioners of health, welfare, and hospitals. The executive director of the community mental health services program has since been added. The council meets monthly; its steering committee of deputies meets weekly. While lacking a full-time staff (only a secretary for its subcommittee on aging and the secretary's stenographic aides are full-time), and being more limited in membership than the new State agency, the council has been very effective in bringing about coordinated planning and joint action.

Yet the general development of interdepartmental cooperation has been very limited at both State and local levels. In a 1956 study of cooperation between departments of health and welfare, for example, Muller and Bierman found relatively little growth during the preceding 5 years (2).

In commenting upon the problem of rehabilitation during his recent legislative message, Governor Averell Harriman made the following statement, which seems pertinent here (3):

"No phase of our total work in the conservation of human resources, as well as in combating the problem of low income, is more promising or exciting than the work of rehabilitation. Under the general coordination of the Interdepartmental Health Resources Board, created upon my recommendation 2 years ago, we have achieved a teamwork and cooperation among the various agencies concerned superior to anything that was possible before."

#### REFERENCES

- (1) Hilleboe, H. E.: Interdepartmental Health Resources Board (editorial). *Health News* (New York State Department of Health) 33: 3 (1956).
- (2) Muller, J. N., and Bierman, P.: Cooperation between departments of health and welfare. *Pub. Health Rep.* 71: 833-848, September 1956.
- (3) New York State Governor, 1954—(Harriman): Message to the New York State Legislature. Albany, Jan. 8, 1958.

### Health Law Center

The University of Pittsburgh has established a health law center within the Graduate School of Public Health. The law center will study the legal aspects of medicine, dentistry, nursing, public health, hospitals, and medical care. It will also be a clearinghouse for legislative and other legal materials in the health fields. In effect, the newly created health law center will be continuing and expanding services initiated under a grant from the National Institutes of Health, Public Health Service, which in 1956 provided funds for research into hospital law. Results of that study will be published in a 2-volume manual on hospital law for hospital administrators and attorneys.